

Direct Deposit Change Form

Submit this form to any company or organization that you want to automatically deposit funds into your Ent Checking Account. You may make additional copies if necessary.

NAME

ADDRESS

CITY, STATE, ZIP

DAYTIME PHONE NUMBER

ID NUMBER (PAYROLL OR SOCIAL SECURITY NUMBER)

I hereby authorize Direct Deposit of my paycheck/recurring payment to my Ent Checking Account.* I understand my employer has the right to reverse erroneous entries.

Please make this change effective _____ (date).

*To initiate Direct Deposit into your Ent Checking Account, please include a voided Ent check with this form.

New Financial Institution Information:

Ent
P.O. Box 15819
Colorado Springs, CO 80935-5819

307070005
ROUTING NUMBER

ACCOUNT NUMBER AND SHARE ID

Previous Financial Institution Information:

NAME OF FINANCIAL INSTITUTION

ADDRESS

CITY, STATE, ZIP

ACCOUNT NUMBER

PRINTED NAME

SIGNATURE

DATE